

CLAIMS ONLY							Application Number 10/660310	Filing Date	
							Applicant(s)		
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
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Total Indep	4								
Total Depend	41								
Total Claims	45								
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Total Claims									

BEST AVAILABLE COPY